RACINE RESIDENTIAL CARE 1719 WASHINGTON AVENUE

RACI NE 53403 Phone: (262) 633-6348		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	51	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	51	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	51	Average Daily Census:	51

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	5. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	15. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	74. 5	More Than 4 Years	78. 4
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	15. 7		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	9.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	25. 5		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	4. 3
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	5. 4
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	64 . 7	Aides, & Orderlies	35. 0
Mentally Ill	No			Female	35. 3		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				50	100.0	102	0	0.0	0	1	100.0	105	0	0.0	0	0	0.0	0	51	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		50	100.0		0	0.0		1	100.0		0	0.0		0	0.0		51	100. 0

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents'	Condi ti	ons, Servi ce	s, and Activities as of 1	2/31/01
beachs builting kepoliting relifou	l.				Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	25 . 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		96. 1	3. 9	51
Other Nursing Homes	0.0	Dressi ng	39. 2		56 . 9	3. 9	51
Acute Care Hospitals	0.0	Transferring	27. 5		68. 6	3. 9	51
Psych. HospMR/DD Facilities	25. 0	Toilet Use	27. 5		68. 6	3. 9	51
Rehabilitation Hospitals	0.0	Eati ng	0. 0		98. 0	2. 0	51
Other Locations	50. 0	**************	******	*****	******	*********	*******
Total Number of Admissions	4	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.0	Recei vi ng	Respiratory Care	3. 9
Private Home/No Home Health	25. 0	Occ/Freq. Incontinen	t of Bladder	29. 4	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	19. 6		Sucti oni ng	0. 0
Other Nursing Homes	75. 0	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0. 0	Recei vi ng	Mechanically Altered Die	ts 54.9
Rehabilitation Hospitals	0.0]			_	•	
Other Locations	0.0	Skin Care			Other Resid	ent Characteristics	
Deaths	0.0	With Pressure Sores		0. 0	Have Adva	nce Directives	3. 9
Total Number of Discharges		With Rashes		43. 1	Medi cati ons		
(Including Deaths)	4	ĺ			Recei vi ng	Psychoactive Drugs	64. 7

	Thi s]	FDD		Al l	
	Facility	Fac	cilities	Fac	lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	84. 6	1. 18	84. 6	1. 18	
Current Residents from In-County	82. 4	41. 3	2.00	77. 0	1. 07	
Admissions from In-County, Still Residing	75. 0	17. 0	4. 40	20. 8	3. 60	
Admi ssi ons/Average Daily Census	7. 8	18. 6	0. 42	128. 9	0. 06	
Discharges/Average Daily Census	7. 8	22. 2	0. 35	130. 0	0. 06	
Discharges To Private Residence/Average Daily Census	2. 0	9. 4	0. 21	52. 8	0. 04	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0. 00	
Residents Aged 65 and Older	25. 5	15. 8	1. 61	87. 5	0. 29	
Title 19 (Medicaid) Funded Residents	98. 0	99. 3	0. 99	68. 7	1. 43	
Private Pay Funded Residents	2. 0	0. 5	4. 04	22. 0	0. 09	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0. 00	
Impaired ADL (Mean)*	43. 1	50. 6	0. 85	49. 3	0. 88	
Psychological Problems	64. 7	46. 6	1. 39	51. 9	1. 25	
Nursing Care Required (Mean)*	12. 7	11. 0	1. 16	7. 3	1. 74	